



# Online Inactive Certificate Holder and Branch Registrant Annual Report

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STEP BY STEP INSTRUCTIONS FOR THE ONLINE REPORT

# Online Submission Overview

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Inactive  
Report

- Go to ALDOI.gov.
- Click “Preneed” under Quick Links.
- Under Preneed Links click on “Online Reporting”.
- Enter your COA # in the Company # spot and enter your password then click submit.
- If you do not have a COA# enter your Company # in the Company # spot and enter your password then click submit.
- If you have forgotten your Company # or Password, please call Preneed at 334-240-4420.
- Complete the online form.
- Then upload the statements either by Fax, Email or Document Upload.

# Preparation

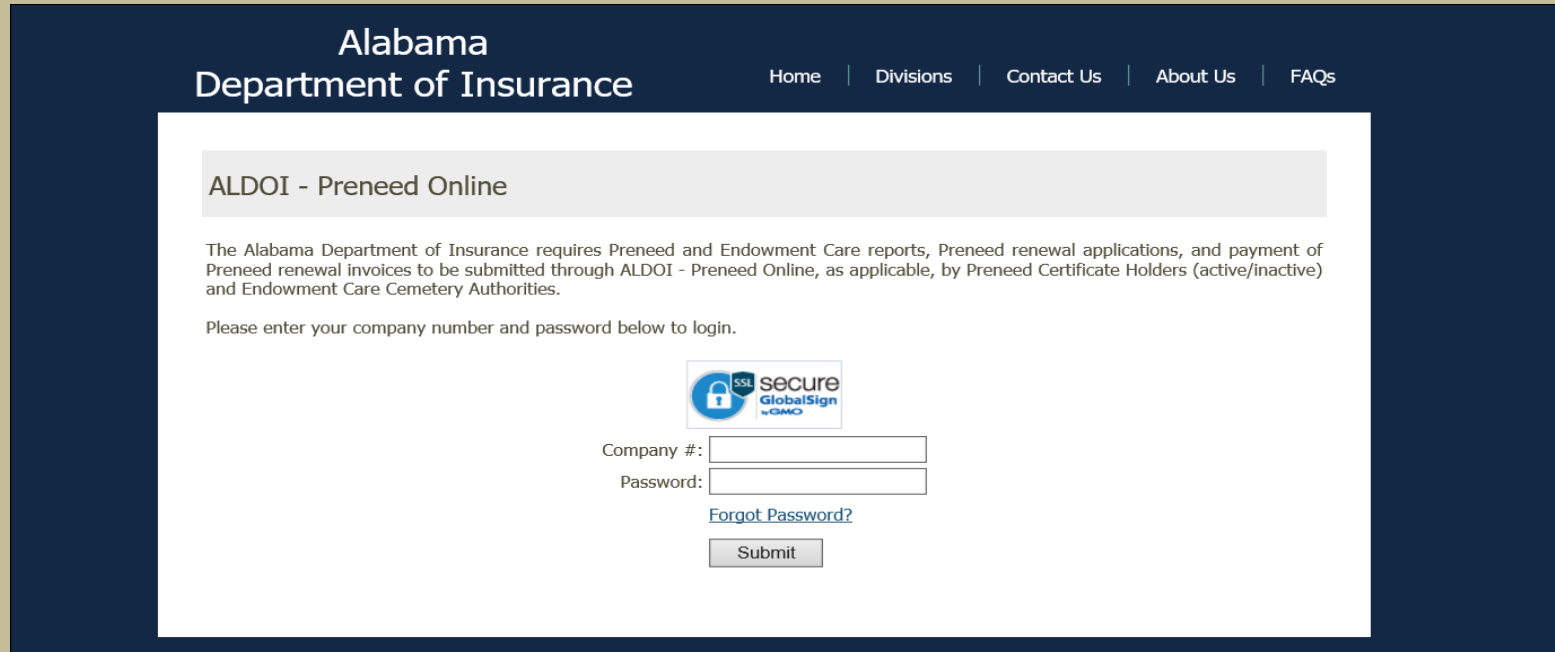
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- The Inactive Report is for the reporting of Post Law Contracts only (contracts written after May 1, 2002).
- Gather all statements from your insurer(s); you will need to provide these statements to the department along with the filing – **The Company reporting is responsible for submitting the statements not the trustee or insurer(s) – NOTE: Your filing is not complete until the Department is in receipt of the statements.**
- You will need your log to complete the filing.
- Have the previous Inactive report handy for reference.
- If you have Branches you will also need to complete an inactive Branch Report.
- You will need your COA #, Branch PN # (if applicable) or your Company # and your password to access the online portal.
- The report along with the statements must be submitted either by Email, Fax or Document Upload.

# Getting Started

Upon clicking the link for ALDOI-Preneed Online, you will see this screen. You must enter your Company #, or your Inactive Certificate of Authority Number and your password provided to you by the Department.



The screenshot shows the login interface for the Alabama Department of Insurance's ALDOI - Preneed Online system. The header includes the department's name and navigation links. The main content area contains a title, a descriptive paragraph, a login instruction, a Secure GlobalSign logo, input fields for company number and password, a forgot password link, and a submit button.


Alabama  
Department of Insurance

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### ALDOI - Preneed Online

The Alabama Department of Insurance requires Preneed and Endowment Care reports, Preneed renewal applications, and payment of Preneed renewal invoices to be submitted through ALDOI - Preneed Online, as applicable, by Preneed Certificate Holders (active/inactive) and Endowment Care Cemetery Authorities.

Please enter your company number and password below to login.



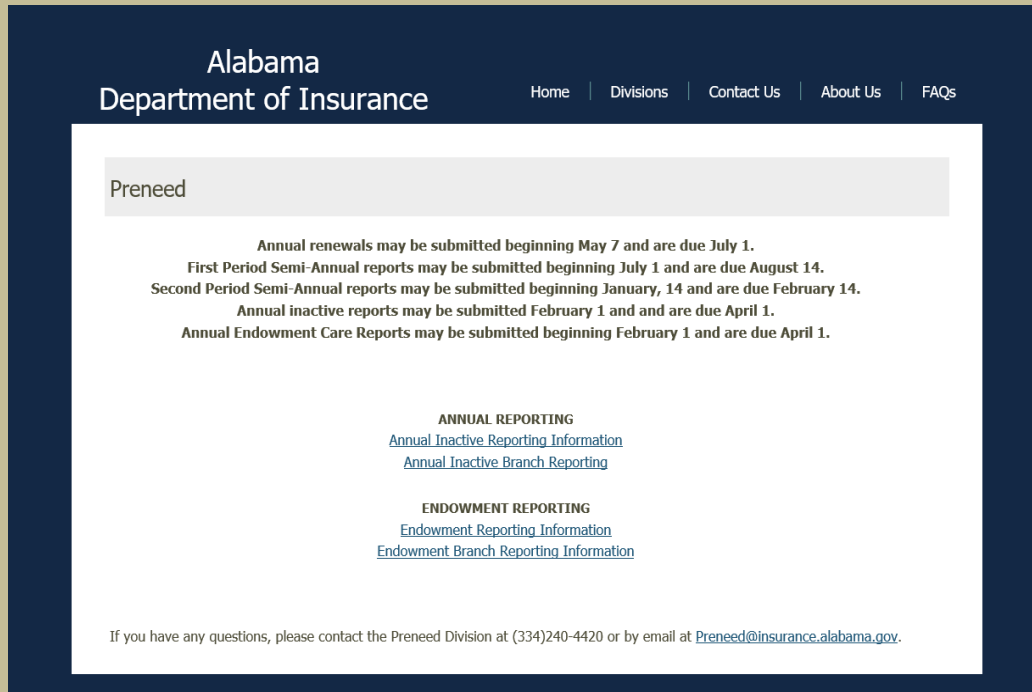
Company #:

Password:

[Forgot Password?](#)

If you have forgotten your password, contact the Preneed Division: (334)240-4420

# Preneed Reporting On Line Access



The screenshot shows the Alabama Department of Insurance website. The header includes the department name and navigation links: Home, Divisions, Contact Us, About Us, and FAQs. A 'Preneed' section is highlighted. Below it, a list of reporting deadlines is provided: Annual renewals (May 7 to July 1), First Period Semi-Annual reports (July 1 to August 14), Second Period Semi-Annual reports (January 14 to February 14), Annual inactive reports (February 1 to April 1), and Annual Endowment Care Reports (February 1 to April 1). Under the heading 'ANNUAL REPORTING', there are links for 'Annual Inactive Reporting Information' and 'Annual Inactive Branch Reporting'. Under 'ENDOWMENT REPORTING', there are links for 'Endowment Reporting Information' and 'Endowment Branch Reporting Information'. A footer note provides contact information for the Preneed Division.

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Department of Insurance

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Preneed

Annual renewals may be submitted beginning May 7 and are due July 1.  
First Period Semi-Annual reports may be submitted beginning July 1 and are due August 14.  
Second Period Semi-Annual reports may be submitted beginning January, 14 and are due February 14.  
Annual inactive reports may be submitted February 1 and are due April 1.  
Annual Endowment Care Reports may be submitted beginning February 1 and are due April 1.

**ANNUAL REPORTING**  
[Annual Inactive Reporting Information](#)  
[Annual Inactive Branch Reporting](#)

**ENDOWMENT REPORTING**  
[Endowment Reporting Information](#)  
[Endowment Branch Reporting Information](#)

If you have any questions, please contact the Preneed Division at (334)240-4420 or by email at [Preneed@insurance.alabama.gov](mailto:Preneed@insurance.alabama.gov).

➤ Click on:

➤ [Annual Inactive Reporting Information](#)

➤ or

➤ [Annual Inactive Branch Reporting Information](#)

➤ This will bring you to the correct report

# Certificate of Authority Reporting Screen

Alabama  
Department of Insurance

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Certificate Of Authority Reporting

Company Number:  
Company Name:  
Address:  
City/State/Zip:  
Phone:

**\*NOTICE: Only include information regarding post-law contracts, unless the pre-law contracts are being maintained as if they were post-law in accordance with the Preneed Funeral and Cemetery Act.**  
**\*All fields are required. Make sure a fields are correct before submitting.**  
**\*\*\*IN ORDER FOR YOUR REPORT TO BE ACCEPTED THE BOTTOM PORTION OF THIS FORM MUST BE SUBMITTED.\*\*\***

Reporting Year:  
2019 ▼

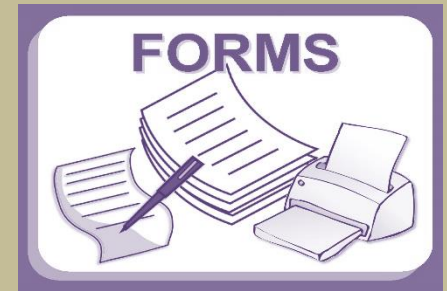
☒ Semi-annual ☐ Annual

☒ First Period ☐ Second Period

Reporting Period(Jan 1 - June 30) Reporting Period(July 1 - Dec 31)

- Be sure all company information is correct
- Reporting year: The report should default to the correct year – confirm the reporting year is correct

# Inactive Reporting Form



**Alabama**  
Department of Insurance

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**Certificate Of Authority Reporting**

Company Number: 13296  
Company Name: CORNER STONE FUNERAL CHAPEL INC.  
Address: P O Box 270  
City/State/Zip: Ider AL 35981  
Phone: 2566574003

**\*NOTICE: Only include information regarding post-law contracts, unless the pre-law contracts are being maintained as if they were post-law in accordance with the Preneed Funeral and Cemetery Act.  
\*All fields are required. Make sure a fields are correct before submitting.  
\*\*\*IN ORDER FOR YOUR REPORT TO BE ACCEPTED THE BOTTOM PORTION OF THIS FORM MUST BE SUBMITTED.\*\*\***

Reporting Year: 2019  
☐ Semi-annual ☒ Annual

**YOU MUST ENTER A FUNDING RECORD FOR THE CURRENT PERIOD**

**Please do not click SAVE more than one time.**

Save Trust Record Cancel

Trustee	Beginning Market Value(\$)	Ending Market Value (\$)	Trust Funded Change in Value (\$)	Deposits(\$)	Withdrawals(\$)
Select Trustee					
Beginning Contracts		Written	Fulfilled	Cancelled	Ending Contracts

**Please do not click SAVE more than one time.**

Save Insurance Record Cancel

Insurer	Face Value (\$)	Previous Contracts	Insurance Funded Written	Cancelled	Fulfilled	Outstanding Contracts
Select Insurer						

**Please do not click SAVE more than one time.**

Save LOC Record Cancel

Bank	LOC Number	Amount of LOC (\$)	LOC Funded Outstanding Liability (\$)	
Select Issuer				
Previous Contracts	Written	Cancelled	Fulfilled	Outstanding Contracts

**Please do not click SAVE more than one time.**

Save Bond Record Cancel

Issuer	Bond Number	Amount of Bond (\$)	Surety Bond Funded Outstanding Liability (\$)	
Select Insurer				
Previous Contracts	Written	Cancelled	Fulfilled	Outstanding Contracts

**\*\*\*IN ORDER FOR YOUR REPORT TO BE ACCEPTED THE BOTTOM PORTION OF THIS FORM MUST BE SUBMITTED.\*\*\***

## Totals

Total contracts outstanding per preneed log:

Total net sales of all outstanding preneed contracts per log:

## E-Signature

**In order for the online portion of this report to be considered filed, you must complete the section below and click 'Submit E-Signature'. If you do not receive a confirmation page, your report was not accepted. Please contact Preneed for assistance. Your report is not considered complete until all supporting documentation has been submitted**

I, as the certificate holder or the representative authorized to sign on behalf of the certificate holder, certify that the above information is true and correct to the best of my knowledge and belief. I certify that I have complied with all of the requirements of Chapter 27-17A, Code of Alabama, 1975. I understand that any person who knowingly presents false or fraudulent information to the Commissioner of Insurance or his representative, willfully fails to timely make deposits to trust, or knowingly withdraws unauthorized funds or assets from a trust may be guilty of a felony under Alabama Law and subject to restitution, fines, loss of any or all certificates of authority or other applicable licenses, prison or any combination thereof.

Please enter your full name and any four-digit number of your choosing to show your intention to sign this document.

Representative Name:  4-digit e-Signature:

Submit E-Signature

# Trust Funding Record(s)



Please do not click SAVE more than one time.

Save Trust Record Cancel

Trustee:

Beginning Value:

Ending Value:

Trust Funded Change in Value:

Deposits:

Withdrawals:

Previous Contracts:

Written:

Fulfilled:

Cancelled:

Ending Contracts:

**YOU MUST ENTER A FUNDING RECORD FOR THE CURRENT PERIOD**

Trustee	Begin Market Value	End Market Value	Change In Value	Begin Contracts	Written	Fulfilled	Cancelled	Ending Contracts
Funeral Services Inc. for Live Oak Bank	795,998.18	820,454.20	24,456.02	285	21	15	1	290

Add Trust Record

## Adding a Trust Record:

1. You will add a separate trust record for each trust account.
2. **Select Trustee:** Use the dropdown arrow to find and select the trustee if the trustee is not listed select "other".
3. Add **"Beginning Value"**: Dollar amount of the trust at the beginning of the reporting period.
4. Add **"Ending Value"**: Dollar amount of the trust at the end of the reporting period.
5. **"Change in Value"**: Value will be automatically calculated.
6. **"Deposits"**: Total dollar amount of preneed funds collected and deposited into trust during the reporting period.
7. **"Withdrawals"**: Total dollar amount withdrawn from the trust(s) upon fulfillment of preneed contracts during the reporting period.
8. **"Beginning Contracts"**: Number of contracts at the beginning of the reporting period and should be the same as the ending number of contracts from the previous period.
9. **"Written"**: Number of preneed contracts written since the last reporting period.
10. **"Cancelled"**: Any contracts cancelled since the last reporting period – includes transferred contracts.
11. **"Fulfilled"**: Any contracts fulfilled since the last reporting period.
12. **"Ending Contracts"**: Automatically calculated based on Beginning, Written, Cancelled & Fulfilled Contracts and should correlate with your preneed contract log.
13. You must click **"save trust record"** for the record you have just entered before adding a new trust record or going to the next funding method.



# Insurance Record(s)

The insurance record is for the recording of insurance funded post-law preneed contracts

**DO NOT** include insurance purchased by a trust

If the insurance is purchased by a trust, then this information will be on the trustee record and should be reported under “Trust Record(s)”

**Please note:** Several insurance companies list policies instead of insured lives. An insured life equals one preneed contract

Please do not click SAVE more than one time.

Insurer	Face Value	Previous Contracts	Written	Cancelled	Fulfilled	Outstanding Contracts
Select Insurer ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



1. **Select Insurer:** Use the dropdown arrow to find and select the insurer for the funding record. **Select “Pre-owned Insurance” as the Insurer for any contracts in which the preneed contract purchaser has provided an assignment to an insurance policy to cover the full amount of the preneed contract**
2. **Face Value:** The amount of insurance being purchased to fund the contract. If the insurance has a graded or limited death benefit, then the ultimate value should be recorded.
3. **Previous Contracts:** Numbers of contracts at the beginning of the reporting period; this should be the same as the Outstanding Contracts from the previous reporting period
4. **Written:** Number of contracts written (in-force) with this insurer since the last reporting period
5. **Cancelled:** Number of contracts funded with this insurer that have been cancelled since the last reporting period (i.e. lapsed, cancelled, terminated, no longer in-force) but not paid out to the Certificate Holder
6. **Fulfilled:** Number of contracts funded with this insurer that have been fulfilled since the last reporting period
7. **Outstanding Contracts:** Number of contracts funded with this insurer, which remain outstanding/in- force at the end of this reporting period. Ending contracts should correlate to your preneed contract log
8. **You must save the record you have completed before adding a new Insurance record or going to the next funding method**

# LOC (Letter of Credit) Record



Please do not click SAVE more than one time.

Bank	LOC Number	Amount of LOC	LOC Funded	Outstanding Liability		
Select Issuer ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Previous Contracts	Written	Cancelled	Fulfilled	Outstanding Contracts	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

- **Select Bank:** Use the dropdown arrow to find and select the trustee for the funding record
- **LOC Number:** Enter the LOC Number as it appears on the letter of credit
- **Amount of LOC:** Amount of the Letter of Credit
- **Outstanding Liability:** Original retail amount of services and cash advances and the actual cost to the entity to provide the undelivered merchandise for all preneed contracts funded by the letter of credit as of the end of the reporting period.
- **Previous Contracts:** Numbers of contracts at the beginning of the reporting period; this should be the same as the outstanding Contracts from the previous reporting period
- **Written:** Number of contracts which were written and covered by the Letter of Credit since the last reporting period. The contracts should be included in the Outstanding Liability
- **Cancelled:** Number of contracts which were originally covered by the Letter of Credit, but which have cancelled since the last reporting period
- **Fulfilled:** Number of contracts which were originally covered by the Letter of Credit, but which have been fulfilled since the last reporting period

# Surety Bond



Please do not click **SAVE** more than one time.

Issuer	Bond Number	Amount of Bond	Surety Bond Funded		
			Outstanding Liability		
Select Insurer ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Previous Contracts	Written	Cancelled	Fulfilled	Outstanding Contracts
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. **Select Insurer:** Use the dropdown arrow to find and select the insurer for the funding record
2. **Bond Number:** Enter the Bond Number as it appears on the Surety Bond
3. **Amount of Surety Bond:** Dollar amount of the Surety Bond
4. **Outstanding Liability:** Original retail amount of services and cash advances and the actual cost to the entity to provide the undelivered merchandise for all preneed contracts funded by the Surety Bond as of the end of the reporting period
5. **Previous Contracts:** Numbers of contracts at the beginning of the reporting period; this should be the same as Outstanding Contracts from the previous reporting period
6. **Written:** Number of contracts which were written and covered by the Surety Bond since the last reporting period. The contracts should be included in the Outstanding Liability
7. **Cancelled:** Number of contracts originally covered by the Surety Bond, but which have cancelled since the last reporting period
8. **Fulfilled:** Number of contracts originally covered by the Surety Bond, but which have been fulfilled since the last reporting period
9. **Outstanding Contracts:** Total number of contracts covered by the Surety Bond
10. **You must “save” the record you have completed before adding a new bond record or going to the next funding method**

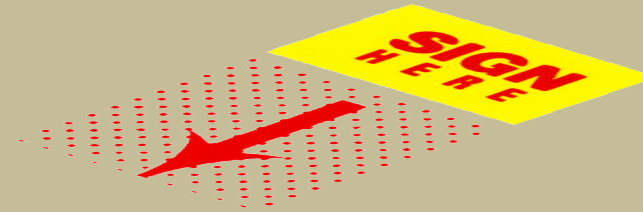
# TOTALS

## Totals

Total net sales of all outstanding preneed contracts per log:

[illegible]

# E-Signature



This is the final Step before submission. It should be completed by the representative submitting the report. The 4-digit e-Signature is a number of the submitting representative's choosing.

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## E-Signature

I, as the certificate holder or the representative authorized to sign on behalf of the certificate holder, certify that the above information is true and correct to the best of my knowledge and belief. I certify that I have complied with all of the requirements of Chapter 27-17A, Code of Alabama, 1975. I understand that any person who knowingly presents false or fraudulent information to the Commissioner of Insurance or his representative, willfully fails to timely make deposits to trust, or knowingly withdraws unauthorized funds or assets from a trust may be guilty of a felony under Alabama Law and subject to restitution, fines, loss of any or all certificates of authority or other applicable licenses, prison or any combination thereof.

**Please enter your full name and any four-digit number of your choosing to show your intention to sign this document.**

Representative Name:

4-digit e-Signature:

Submit E-Signature



# Preneed Contact Information

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Phone: 334-240-4420

Fax: 334-206-6347

Email: [Preneed@insurance.Alabama.gov](mailto:Preneed@insurance.Alabama.gov)

Web Site: <http://www.aldoi.gov>

Document upload: go to ALDOI.gov Click on Preneed under Quick Links

## Quick Links

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